

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Coastal Tours Enterprises, Inc

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print) Submitted by: Melissa Powell

Telephone: 864-985-3434

Address: 131 Appian Way

Fax: \_\_\_\_\_

Anderosn, SC 29625

Other: \_\_\_\_\_

Email: mcpowell8@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <p><input type="checkbox"/> Application - Class A/A Restricted</p> <p><input type="checkbox"/> Application - Class C Taxi</p> <p><input type="checkbox"/> Application - Class C Charter</p> <p><input checked="" type="checkbox"/> Application - Class C Charter Bus</p> <p><input type="checkbox"/> Application - Class C Non-Emergency</p> <p><input type="checkbox"/> Application - Class C Stretcher Van</p> <p><input type="checkbox"/> Application - Class E Household Goods</p> <p><input type="checkbox"/> Application - Class E Hazardous Waste</p> <p><input type="checkbox"/> Application</p> <p><input type="checkbox"/> Request for Extension to Comply with Order</p> <p><input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded</p> <p><input type="checkbox"/> Request for Cancellation of Certificate</p> <p><input type="checkbox"/> Request for Suspension</p> <p><input type="checkbox"/> Request for Reinstatement</p> | <p><input type="checkbox"/> Request for Name Change on Certificate</p> <p><input type="checkbox"/> Request to Amend Scope of Authority</p> <p><input type="checkbox"/> Request to Amend Tariff (rate increase, etc.)</p> <p><input type="checkbox"/> Request to Amend Passenger Limit</p> <p><input type="checkbox"/> Request</p> <p><input type="checkbox"/> Exhibit</p> <p><input type="checkbox"/> Late-Filed Exhibit</p> <p><input type="checkbox"/> Letter</p> <p><input type="checkbox"/> Proposed Order</p> <p><input type="checkbox"/> Publisher's Affidavit</p> <p><input type="checkbox"/> Reservation Letter</p> <p><input type="checkbox"/> Response</p> <p><input type="checkbox"/> Return to Petition</p> <p><input type="checkbox"/> Other: _____</p> |
|---|--|

RECEIVED

JUN 18 2021

PSC SC  
MAIL / DMS

*js*

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**  
**101 Executive Center Drive, Suite 100**  
**Columbia, South Carolina 29210**

Phone: (803) 896-5100      Fax: (803) 896-5199

**APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE**

Date: June 10, 2021

**CLASS C - CHARTER BUS**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Coastal Tours Enterprises, Inc  
 Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)  
4447 Hwy 17 Business Murrells Inlet, SC 29576  
 Street Address of Applicant  
131 Appian Way Anderson, SC 29625  
 Mailing Address of Applicant (if different from street address)  
864-985-3434  
 Phone Fax  
mepowell8@yahoo.com  
 Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
- ☐ Partnership - List names and addresses of all person having an interest in the business.
- ☒ Corporation - List names and addresses of two principal officers.

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## DESCRIPTION OF EQUIPMENT

[illegible]

## INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Chevis Collins

Name of Applicant

131 Appian Way Anderson, SC 29625

Address of Applicant

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ 1,000,000

Limits 285,000/570,000/225,000

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

**16 or More Passengers\* \$ 25,000/300,000/25,000**

\* Passengers = Number of seatbelts in the vehicle,  
including the driver's seatbelt

Berkshire Hathaway Homestead Companies

Name of Insurance Company

1314 Douglas Street, Suite #1300, Omaha, NE 68102

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**


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 Name of Applicant
 

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1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

- ☐ Yes
 ☒ No
 ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

- ☐ Satisfactory
 ☐ Conditional
 ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

- ☐ Yes
 ☒ No

3. Are there currently any outstanding judgments against the Applicant?

- ☐ Yes
 ☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

- ☒ Yes
 ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

- ☒ Yes
 ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Chevis Collins

\_\_\_\_\_  
Applicant's Signature

Owner

\_\_\_\_\_  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Anderson )

SWORN TO BEFORE ME  
This 16<sup>th</sup> day of June, 2021

Charlene D. Powell  
Notary Public

Commission Expires March 1<sup>st</sup>, 2022

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Chevis Collins

Applicant's Name

### Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
6. Is in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes

☐ Not Applicable

**Exempt Applicants** - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes

☐ Not Applicable

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

Chevis Collins

I, \_\_\_\_\_, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

Chevis Collins

Applicant's Signature

This 16<sup>th</sup> day of June, 2021

Charlene D. Powell

Notary Public

Commission Expires March 1<sup>st</sup>, 2022

Print Application

# *The State of South Carolina*



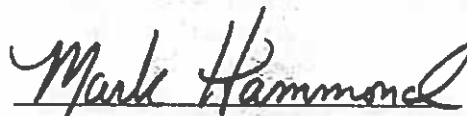
*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

Coastal Tours Enterprises, Inc., a corporation duly organized under the laws of the State of South Carolina on May 10th, 2021, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 10th day  
of May, 2021.

  
Mark Hammond, Secretary of State



CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 210510-1112134

Filing Date: 05/10/2021

May 10 2021  
REFERENCE ID: 777604

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

  
SECRETARY OF STATE OF SOUTH CAROLINA

ARTICLES OF INCORPORATION

1. The name of the proposed corporation is:

Coastal Tours Enterprises, Inc.

2. The initial registered office of the corporation is:

131 Applan Way

(Street Address)

Anderson, South Carolina 29625

(City, State, Zip Code)

And the initial registered agent at such address is:

Chevis D. Collins

(Name)

I hereby consent to the appointment as registered agent of the corporation

(Agent's Signature)

3. The corporation is authorized to issue shares of stock as follows. Complete "a" or "b", whichever is applicable:

a. ☒ The corporation is authorized to issue a single class of shares, the total number of shares authorized is 100,000.

b. ☐ The corporation is authorized to issue more than one class of shares:

Class of Shares

Authorized Number of Each Class

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The relative right, preference, and limitations of the shares of each class, and of each series within a class, are as follows:

4. The existence of the corporation shall begin as of the filing date with the Secretary of State unless a delayed date is indicated (see Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended) of its Incorporation is \_\_\_\_\_

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

May 10 2021

REFERENCE ID: 777604

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

Coastal Tours Enterprises, Inc.

Name of Corporation

5. The optional provisions, which the corporation elects to include in the articles of incorporation, are as follows (See the applicable provisions Sections 33-2-102, 35-2-105, and 35-2-221 of the 1976 South Carolina Code of Laws, as amended).

See Exhibit "A" attached hereto.

6. The name, address and signature of each incorporator is as follows (only one incorporator is required):

a.

Chevis D. Collins

(Name)

131 Applan Way

(Address)

Anderson, South Carolina 29625

(City, State, Zip Code)

Chevis D. Collins

(Signature)

b.

(Name)

(Address)

(City, State, Zip Code)

(Signature)

c.

(Name)

(Address)

(City, State, Zip Code)

(Signature)

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ORIGINAL ON FILE IN THIS OFFICE

May 10 2021

REFERENCE ID: 777604

  
SECRETARY OF STATE OF SOUTH CAROLINA

Coastal Tours Enterprises, Inc.

Name of Corporation

7. I, Dalton B. Floyd, Jr. an attorney licensed to practice in the  
state of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has  
complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended, related  
to the articles of incorporation.

Date: 05/10/2021

Name of Corporation:

Coastal Tours Enterprises, Inc.

Dalton B. Floyd, Jr.

Signature

Dalton B. Floyd, Jr.

Type or Print Name

P. O. Drawer 14607

(Street Address)

Surfside Beach, South Carolina 29587

(City, State, Zip Code)

843-238-5141

(Telephone Number)

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

May 10 2021

EXHIBIT "A"

REFERENCE ID: 777604

  
SECRETARY OF STATE OF SOUTH CAROLINA  
STATUS:

ation On Transfer To Prevent Loss Of S Corporation

The corporation intends to or has made an election to be taxed as an S corporation. The shareholders having agreed to the following provisions, the company adopts the following resolution restricting the transfer, and directs that a legend by affixed to all share certificates warning of the restrictions on transfer of such shares. The following restriction on the transfer of shares shall be in addition, and supplementary to, the provisions of S.C. Code Ann. §§33-18-110 through 33-18-130 (or any succeeding statute of like tenor and effect) to the extent those sections are applicable to restrict the transfer of shares of this corporation:

RESOLVED: That at any time after the corporation has filed a subchapter S election (and prior to the company having filed a voluntary revocation of the election pursuant to Internal Revenue Code 1362(d) (1) of 1986, or any succeeding statute of like tenor and effect), no shares of the company shall be transferred either directly or indirectly, voluntarily or involuntarily, without the prior written determination of the board of directors, or by an attorney appointed by the board to give such an opinion, that the proposed transfer will not cause the subchapter S election to be terminated.

RESOLVED FURTHER: Upon making such election, all shares issued by the corporation shall have conspicuously noted on the front or back of the certificate the following statement:

"Coastal Tours Enterprises, Inc., and its shareholders have, or intend to file an election, that the corporation be taxed under the provision of subchapter "S" of the Internal Revenue Code. This subchapter limits the number and type of persons who may own shares of this company.

Therefore until such election is voluntarily revoked, none of the shares represented by this certificate may be transferred in any manner whatsoever (either voluntarily or involuntarily, directly or indirectly, by pledge, sale, gift, levy, devise, succession, or

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AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

May 10 2021 any other attempted method of transfer) without the  
REFERENCE ID: 776506 or written consent of the board of directors or of  
the prior written consent of an attorney at law who is  
pointed in writing by the board of directors of the  
corporation to give such opinion, that such transfer  
will not cause the subchapter S election to be  
terminated. Any attempted transfer in violation of  
this provision is void."

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

(B) "Prohibition on Issuing Shares Or Accepting Loans Which  
Might Disqualify The Company From Being an S Corporation:

At any time after the corporation has filed an S  
corporation election (and prior to the company having filed  
a voluntary revocation of the election pursuant to Internal  
Revenue Code 1362(d)(91) of 1986, or of any succeeding  
statute of like tenor and effect), the corporation shall  
not (1) authorize any securities which will cause the  
corporation to have classes that vary other than by voting  
rights, nor (2) borrow money from any shareholder under  
terms or conditions that would cause such borrowing to be  
treated as an additional security or class of stock. Any  
such attempted borrowing or authorization of a different  
class of stock which violates the provision of the first  
sentence of this Article #9(a), shall be void ad initio,  
and shall not be deemed to be a security or obligation of  
this company."

(C) Increased Vote to Revoke S Election

"Section 1362(d)(1)(B) I.R.C. states that an S corporation  
election may be revoked "only if shareholders holding more  
than one-half of the shares of stock of the corporation on  
the day on which the revocation is made consent to the  
revocation. Temporary Treasury Regulation 18.1362-3  
"Revocation of Election" states in part that the  
revocation:

"shall be made by the corporation by filing a  
statement that the corporation revokes the election  
made under section 1362(a) ... The statement shall be  
signed by any person authorized to sign the return . .  
."

These provisions authorize the corporation to impose  
restrictions which will require more than a 51% vote of the  
shareholders to effect a revocation of the company's status

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

May 18 2021  
REFERENCE ID: A77604  
I, Mark Hammond  
SECRETARY OF STATE OF SOUTH CAROLINA  
an S corporation. Therefore, at any time after the  
on has filed an S corporation election pursuant to  
1362(a), the corporation and shareholders shall not  
ily revoke such election pursuant to I.R.C.  
1362(u)(1)(B) (or any succeeding statute of like tenor and  
effect), without the prior written consent of two-thirds  
(2/3) of the outstanding shares at the time the revocation  
is made. No shareholder shall attempt to file, and no  
officer or director of the company shall file any notice of  
revocation with the Internal Revenue Service unless and  
until the required two-thirds (2/3) of the outstanding  
shares agreed in writing to such revocation. Any such  
attempted filing shall be void and of no effect and may be  
enjoined in any proper court of law or administrative  
tribunal.

All certificates for shares of the corporation, in addition  
to any other legends that they are required to carry, shall  
conspicuously state that "upon election to be taxed as an S  
corporation pursuant to 1362(a) I.R.C., that such election  
may not be revoked without the prior written consent of  
two-thirds (2/3) of the outstanding shares of the company."

NEW  
RENEWAL NUMBER  
CROSS REFERENCE NUMBER  
02 APM 026132 - 01

**BERKSHIRE HATHAWAY HOMESTATE  
INSURANCE COMPANY**

1314 Douglas Street, Suite 1300  
Omaha, NE 68102  
1-800-356-6750

☐ The Declarations  
include a second part  
designated "Part 2".

ITEM ONE NAMED INSURED & ADDRESS  
COASTAL TOURS ENTERPRISES INC.  
131 APPIAN WAY  
ANDERSON, SC 29625

**BUSINESS AUTO COVERAGE DECLARATIONS**

Producer  
Lawrence & Brownlee Agency  
821 N Main St Ste 11  
Anderson, SC 29621

FORM OF NAMED INSURED'S BUSINESS: Corporation

NAMED INSURED'S BUSINESS: SIGHTSEEING TOURS (DAY TOURS, MAJOR AT

POLICY PERIOD Policy covers FROM 06/05/2021 9:44 AM TO 06/05/2022 12 01 A M Standard Time at the Named Insured's Address stated above

**ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT OF INSURANCE THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7	\$ 1,000,000 CSL	\$ 4,275
PERSONAL INJURY PROTECTION (P I P ) (or equivalent No-fault coverage)		SEPARATELY STATED IN EACH P I P ENDORSEMENT MINUS Deductible	\$
ADDED P I P (or equivalent added No-fault cov )		SEPARATELY STATED IN EACH ADDED P I P ENDORSEMENT	\$
PROPERTY PROTECTION INSURANCE (P P I ) (Michigan only)		SEPARATELY STATED IN THE P P I ENDORSEMENT MINUS Deductible FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS	7	\$ 5,000	\$ 87
UNINSURED MOTORISTS	7	\$ 1,000,000 CSL (BI & PD)	\$ 417
UNDERINSURED MOTORISTS (when not included in Uninsured Motorists coverage)	7	\$ 1,000,000 CSL (BI & PD)	\$ 617
<b>PHYSICAL DAMAGE INSURANCE</b>			
COMPREHENSIVE COVERAGE	7	\$ See M 3912b (08/2001)	\$ INCL
SPECIFIED CAUSES OF LOSS		\$	\$
COLLISION COVERAGE	7	\$ See M 3912b (08/2001)	\$ 750
TOWING AND LABOR		\$ Deductible FOR EACH COVERED AUTO	\$
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION See M4572 (12/1994)			PREMIUM FOR ENDORSEMENTS \$
			ESTIMATED TOTAL PREMIUM \$ 6,146
ENTER SYMBOL 10 DESCRIPTION HERE:			
POLICY SUBJECT TO A FULLY EARNED POLICYWRITING MINIMUM PREMIUM OF \$ 0 IF CANCELLED BY THE INSURED.			
ITEM THREE - SCHEDULE OF COVERED AUTOS AS ATTACHED			

Countersigned At \_\_\_\_\_ By \_\_\_\_\_

In Witness whereof, we have caused this policy to be executed and attested

AUTHORIZED SIGNATURE



Secretary



President

M-5605 (02/2011)

06/08/2021